

Matthews Animal Control Town Permit Application

	D	ate	
Applicant Name:		The state of the s	
Address:		- Hert only garden	
Home Phone:	Daytime Phone:		
E-mail:			
		s or other livestock or any 1 ons or other domestic fowl	
Animal	Quantity	Animal	Quantity
	ces, pastures, shelters, etc.	used, their size and location	on the property:
Please list the nam	ie, address and phone nur	nber of <u>all</u> the neighbors abu	tting the property:
<u>Name</u>	Address		Contact Number
	requirements of this secti	the town code and agree tha	
Signature of Applicant	· · · · · · · · · · · · · · · · · · ·		

Please submit a check in the amount of \$25.00 along with this application to:

Town of Matthews

232 Matthews Station Street

Matthews, NC 28105

Upon receipt, the Animal Control Division may contact you to schedule an inspection Town Permits expire 1 year from the date issued and must be renewed annually.